



**Privacy Authorization Form - Congressman Rich Nugent**  
**Widow/Widower of Veteran**

Date: \_\_\_\_\_

Name of Widow/Widower: \_\_\_\_\_

Name of Deceased Veteran: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS # of Veteran: \_\_\_\_\_ Date of Birth of Veteran: \_\_\_\_\_

VA File #: \_\_\_\_\_ VA compensation rating: \_\_\_\_\_ %

Dates of Military Service: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR DISCHARGE PAPERS (DD-214)**

Are you working with a County Veterans Service Office or Veterans Organization?

If so, what VSO office or Organization and who are you working with?

\_\_\_\_\_  
*I authorize Congressman Rich Nugent and his staff to contact appropriate agencies on my behalf.  
This is to comply with the Privacy Act of 1974, which provides that as of September 27, 1975, disclosures  
of information of a personal or confidential nature will no longer be permitted to third parties without the  
written consent of the individual involved.*

\_\_\_\_\_  
**Signature**

**Please Return To:**

**Member of Congress Rich Nugent**

**16224 Spring Hill Drive**

**Brooksville, FL 34604**

**Phone: (352) 799-8354 / Fax (352) 799-8776**

**Toll Free: 866-492-4835**

**<http://nugent.house.gov>**

**PLEASE EXPLAIN YOUR PROBLEM ON THE BACK OF THIS FORM**

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

<b>Designated Person</b>	<b>Relationship</b>
<b>Signature of Person requesting assistance</b>	